

Pesticide/Asbestos Programs and Enforcement Branch

Enforcement Case Screening and Recommendation

Worksheet¹

(Enforcement Confidential - Do Not Release Under FIOA)

INSTRUCTIONS In response to a detected violation or set of detected violations, EPA enforcement staff may find completion of this checklist useful in prioritizing cases for formal enforcement action. Even if a violator has received or requested compliance assistance, the violations may still merit the initiation of a formal enforcement action.

Facility Name: Lehigh University Address: Whitaker Lab City, State, Zip Code: 5 E. Packer Ave Bethlehem, PA Contractor: ACM Associates, Inc. Address: 1401 S. 4th St. City, State, Zip Code: Allentown, PA 18103	File Number: Inspection Date: 10/21/08 Violation Date: NA Projected Quarter:	Inspector: Rich Pank Case Reviewer: Rich Pank ORC Contact:	Statute: FIFRA CAA NESHAPS TSCA AHERA TSCA ASHARA TSCA MAP
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Were any violations observed during inspection/ case review? Yes (continue) No (close out)

Inspection Summary:

Summarize key issues and violations found in the inspection report(s). Include the names addresses and telephone numbers of EPA and State inspectors that participated in the inspection. In FIFRA cases where there were no state or federal inspections describe in detail how evidence was gathered and how violations were determined. (Attach copies of all relevant inspection reports.) Self-Disclosure? Yes No

NO one on site

Detailed Description of Violations:

List each alleged violation citing the applicable statute and/or regulation. Describe how each violation was determined. List in detail the information in our possession that supports the fact that a violation(s) has occurred. Discuss in detail how the statute and/or regulations in question are applicable to the alleged violator. For example: does the violator/facility meet the definition of facility, does the case meet any threshold requirements for there to be a violation, etc.) Discuss how the alleged violation(s) are not subject to applicable exclusions found in the regulations or applicable policy. Describe whether there has been an actual exposure to, or is there a substantial likelihood of exposure to pesticides/ asbestos that resulted from or may result from action taken or not taken by the alleged violator. Are the violation(s) continuing? Identify the source(s) of this information. (Attach copies of supporting documentation.)

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Compliance History.

Provide a description of the compliance history of the violator or facility, including repeat violations. Describe instances of non-compliance with FIFRA, CAA or TSCA activities. Also describe instances of non-FIFRA, CAA or TSCA non-compliance if there is a relevant link between the FIFRA, CAA or TSCA, and non-non-FIFRA, CAA or TSCA non-compliance.

Ownership Information:

Provide information that supports that the party being cited for violations is the proper entity to receive the proposed enforcement action. This may include information on the facility ownership, The correct names of the contractors involved or other relevant information. (D&B reports and deed and title search information may be provide this information.)

Financial Status of Facility Owner /Operator.

Provide a brief description of the violator's financial status as currently available. This can be obtained through responses to information requests , Dun & Bradstreet reports, etc. (Attach copies of supporting information)

Other Considerations

Provide a brief description Are there any apparent knowing, willful or negligent conduct by the company or any individual employed by the company? Yes No

Are there known or suspected violation(s) of other regulatory requirements? Yes No

Does this case have multi-media potential? Yes No

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Penalty Calculation and Justification

List for each violation a proposed penalty for that violation. Provide a brief narrative on how this penalty amount was determined and what assumptions and judgements regarding the evidence and the severity of the violation(s) were made? Include an economic benefit component if appropriate? (Attach penalty calculation sheets.)

Penalty Only/Injunctive Relief

Is this a penalty only case or are there specific tasks that must be completed by the violator for the facility to return to compliance. Please describe.

What is the recommended enforcement response?

Advisory Letter
 Administrative Order
 APO
Close
 Criminal Referral
 Judicial Referral
 NOV/NOW/NON
 Stop Sale Order
 Refer to State
 Refer to Other Region
 Other
 Show Cause/Super CAFO

TIER I Decision

Date:

Advisory Letter
 Administrative Order
 APO
 Close
 Criminal Referral
 Judicial Referral
 NOV/NOW/NON
 SSURO
 Refer to State
 Refer to Other Region
 Other
 Show Cause/Super CAFO

Case Reviewer

Enforcement Coordinator

Branch Chief

Date 10/22/08

Date 12/22/08

Date 12/30/08

¹. This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

Project Name Lehigh University - Whitaker Lab
Project Location Bellevue, PA
Contractor ACM Associates
On-Site Supervisor NA
Type of Project: Removal ☒ Demolition _____
Phase of Project: Pre-Job ☒ Set-Up _____ Removal _____ Post _____
Inspection Number 1st ☒ 2nd _____ 3rd _____ 4th _____
On-Site Representative _____
Company Name _____
On-Site Supervisor _____

Asbestos File # _____
Project Start Date _____
Inspection Date 10/21/08
Inspector Phil Perich

Type of Removal Gross _____ Glove-Bag _____ Other _____

NESHAP'S REQUIREMENTS

Is Removal: Planned ☒ Emergency _____

If Planned, was Notification Postmarked 10 Working Days Prior to the Start of the Project? Yes ☒ No _____ N/A _____

Category of ACM to be Removed:

Regulated ACM ☒ CAT. I ☒ CAT. II _____

COMMENTS AND RECOMMENDATIONS:

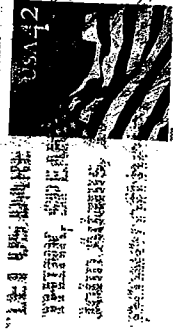
Job between phases - crew had waste off site, rest of
work appears to be on weekends

ACM

ACM ASSOCIATES INC.
705 Chestnut Street, PMB 396
Emmaus, PA 18049

LEHIGH VALLEY PA 180

02 OCT 2008 PM 1 L

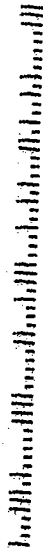


LEHIGH VALLEY PA 180
THINK, SPEAK
JAN. AUG. 15.
PAID

Asbestos NESHAP Coordinator
(3WC32)

US EPA Region III
1650 Arch Street
Philadelphia, PA. 19103

19103+20#7





ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

RECEIVED
Date Received
OCT 06 2008

Pesticides & Asbestos Programs
and Enforcement Branch (3WC32)
EPA Region III

Date Received 2

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification		
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation		
	Date of Initial Notification or, if previously revised, date of last revision: _____			
2.	PROJECT LOCATION (check one):			
	<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>NORTHAMPTON</u>	
3.	For Allegheny County and City of Philadelphia projects only:			
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)			
	B. For City of Philadelphia projects requiring a permit:			
	Asbestos project inspector: _____		Certification #: _____	
	Company name: _____			
	Address: _____			
	City: _____	State: _____	Zip: _____	Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)			
5.	TYPE OF OPERATION (check one):		<input type="checkbox"/> Abatement prior to Demolition	
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION:		Job No.: _____ (see instructions)	
	Facility Name: <u>LEHIGH UNIVERSITY - WHITAKER LAB</u>			
	Street/Rural Address: <u>5 EAST PACKER AVENUE</u>			
	City: <u>BETHLEHEM</u>		State: <u>PA</u>	Zip Code: <u>18015</u>
	Present use: <u>CLASSROOM/LABS/OFFICE</u>		Prior use: <u>SAME</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Facility size in square feet: <u>UNKNOWN</u>		# of floors: <u>5 WITH BASEMENT</u>	Age in years: <u>75+</u>
7.	ABATEMENT CONTRACTOR:			
	Company name: <u>ACM ASSOCIATES, INC.</u>			
	Allegheny County or City of Philadelphia License # (if applicable): _____			
	Street/Rural/POB Address: <u>1431 SOUTH 4TH STREET</u>			
	City: <u>ALLENTOWN</u>		State: <u>PA</u>	Zip: <u>18103</u>
	Contact: <u>ART EDINGER</u>		Telephone No. (between 8:00 & 4:30): <u>610-797-9554</u>	

8. DEMOLITION CONTRACTOR:

Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:

Owner name: LEHIGH UNIVERSITY
 Street/Rural/POB Address: 461 WEBSTER STREET
 City: BETHLEHEM State: PA Zip: 18015
 Contact: DAVID KASTEN Telephone No. (between 8:00 & 4:30): 610-758-3654

10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: ART EDINGER Certification # 001799
 Date of inspection: OCTOBER 1ST, 2008 Is any material assumed to be asbestos? ☐ Yes ☒ No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM BULK SAMPLING FROM S,S&M MANAGEMENT PLAN

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	ASBESTOS FIREPROOFING	MAIN CORRIDOR OF FLOORS 1,2,3,4,5	6,800	S.F.	CAP	PCM
FRI	ASBESTOS FIREPROOFING	ROOMS 471, 370, 271, 349, & 353	1,650	S.F.	REM	PCM
NFI	V.A.T.	CORRIDOR / JANITORIAL CLOSETS (5)	75	S.F.	REM	PCM

Code *
Type of ACM

Code **
Units

Code ***
Type of abatement

Code ****
Final Clearance

FRI - Friable ACM
 NF1 - Cat I nonfriable ACM
 NF2 - Cat II nonfriable ACM
 (Note: Allegheny County
 treats all ACM as friable)

LF - Linear ft.
 SF - Square ft.
 CF - Cubic ft.

REM - Removal
 CAP - Encapsulation
 CLO - Enclosure
 NON - None

PCM - Phase contrast microscopy
 TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 10-17-2008 Completion Date: 11-02-2008
 Daily hours of operation: 7 ☐ am ☒ pm to 5 ☐ am ☒ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☒ Fr ☒ Sa ☒ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: 10-17-2008 Completion Date: UNKNOWN
 Daily hours of operation: 7 ☐ am ☒ pm to 5 ☐ am ☒ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☒ Fr ☒ Sa ☒ Su

COMMENTS:

WE WILL BE PREPING EACH CORRIDOR FRIDAY EVENING (7PM) AND CAPING OR REMOVING THE ACM ON SATURDAY OR INTO SUNDAY, IF NEEDED.

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

WE WILL BE ENCAPSULATING THE ASBESTOS FIREPROOFING OF THE MAIN CORRIDOR CEILINGS OVER THREE (3) WEEKENDS, THE 18-19, 25-26, & 1-2. DURING THESE THREE WEEKENDS, WE WILL BE REMOVING SOME AREAS OF FIREPROOFING AND/OR V.A.T. THESE REMOVALS WILL BE NECESSARY TO ALLOW THE COMPUTER CABLE CONTRACTOR TO INSTALL HIS CABLES SAFELY.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

FULL CONTAINMENT (FOR AREAS OF FIREPROOFING ABATEMENT) - We will be setting up a "full containment" abatement with a three stage decon unit connected to the work area. Negative air units will be employed during the removal, lock-down and final clean-up of the project, until a final air clearance of 0.01 f/cc is reached. This will be wet removal using a water and surfactant mixture to keep the ACM wet. The containment will not be dismantled until final air clearance is reached (PCM-0.01 f/cc).

V.A.T. (JANITORIAL CLOSETS) - We will be using (2) layers of 6 mil poly to cover all critical barriers (exits, entrances, windows, electrical outlets etc.) HVAC systems will be shut down during the abatement process and the work area will be kept under negative air pressure (using an air filtration unit) throughout the removal and clean-up of the project. Amended water will keep the ACM wet during removal and clean up of the material. All ACM debris will be placed in fiber barrels lined with 6 mil poly bags, sealed with duct tape, labeled and transported to a certified landfill for disposal.

PAINT ENCAPSULATION (FOR MAIN CORRIDOR CEILINGS)-We will be covering the walls & floor w/ poly sheeting & setting up critical barriers on all doors throughout the corridors. The work area will be put under negative air(w/ HEPA filtration) during the encapsulation process & PCM air testing. All personnel will use asbestos PPE during encapsulation of the spray-on fireproofing material. All EPA, DEP, DOLI & OSHA regulations & requirements will be met or exceeded. An EPA approved paint will be used for this project.

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: ACM ASSOCIATES, INC.
 Street/Rural Address: 1431 SOUTH 4TH STREET
 City: ALLENTOWN State: PA Zip: 18103
 Contact: ART EDINGER Telephone: 610-797-9554
- B. Transporter #2 name: McAULIFFE HAULING & RECYCLING, INC.
 Street/Rural Address: 4816 TIMBERLINE ROAD
 City: WALNUTPORT State: PA Zip: 18088
 Contact: RON SANDT Telephone: 610-767-3152

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: IESI PA BETHLEHEM LANDFILL CORP. DEP permit #: 100020
 Street/Rural Address: 2335 APPLEBUTTER RD.
 City: BETHLEHEM State: PA Zip: 18015
 Contact: AL SCHLEYER Telephone: 610-317-3200
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: ACM ASSOCIATES, INC.
 Street/Rural Address: 1431 SOUTH 4TH STREET
 City: ALLENTOWN State: PA Zip: 18103
 Contact: ART EDINGER Telephone: 610-797-9554
- B. Final clearance firm: (if different than 18A) A & B LABORATORIES, INC.
 Street/Rural Address: P.O. BOX 706
 City: LEHIGHTON State: PA Zip: 18235
 Contact: BETH MESKO Telephone: 610-377-9277
- Final clearance firm was hired by (check one) ☒ Contractor ☐ Owner
☐ Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm
 Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____


23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: ALL WORK WILL STOP UNTIL A SAFE AND EFFECTIVE METHOD OF REMOVAL CAN BE ESTABLISHED. A REVISED NOTIFICATION WILL BE SENT.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: ART EDINGER Certification #: 001799Contractor (Individual): ART EDINGER Certification #: 001799Supervisor: MIKE BUTTERFIELD Certification #: 003124Contractor (Firm) ACM ASSOCIATES, INC. Certification #: C0035A

***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.



(Original Signature of Owner/Operator)

OCT 02 2008

(Date)

Printed Name of Owner/Operator: ART EDINGER Title: GENERAL MANAGER

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.


(Original Signature of Owner/Operator)

OCT 02 2008

(Date)

Printed Name of Owner/Operator: ART EDINGER Title: GENERAL MANAGER

FOR OFFICIAL USE ONLY

